



Note:
Please attach all accompanying documents to the Claim Form.

Claim No.

Queensland Country Health Membership No.

Mr / Mrs / Miss / Ms

Mailing Address

	State	Postcode

Is this your correct mailing address? Yes No or a temporary mailing address

Telephone

(H)	(W)
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Mobile No.

	Email Address	
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Current Medicare Card No.

ADDING A DEPENDANT

If you have a dependant to add to the membership please complete the following details.

First name	Relationship	Date of Birth

ORIGINAL ACCOUNTS OR RECEIPTS MUST BE ATTACHED

Patients first name	Date of birth	Service provided by	Date of Service	Has account been paid Yes/No

Please attach original, itemised accounts and/or receipts. If a receipt is not provided, a cheque will be made payable to the provider.

1. Can you or the patient recover any costs/damages as a result of the conditions from any other source. eg Third Party Workers Compensation, Repatriation, Persons liable at law, School Accident Insurance etc. Refer to the Compensation section on page 3.

No Yes - Details

2. Was the patient an inpatient in hospital for any of the above services?

No Yes - Hospital name?

3. I would like the benefit paid as:

Cheque

Direct credit to my Financial Institution Account
(only applicable if you have paid for the service in full)

Account Name (in full)

BSB

Account Number

Privacy Note:

Patient name and address details may be disclosed to financial institutions when the claim is paid.

DECLARATION ACKNOWLEDGEMENT AND AUTHORITY

Please read carefully before signing. For important conditions concerning benefits, please see page 3. I declare that the services claimed were received by the patient, and that all information on this form is true and correct. I acknowledge that a benefit may not be payable or may be reduced if any applicable waiting periods have not been served. Refer to "waiting periods" on page 3. I authorise Queensland Country Health Ltd to obtain information from the provider of any service claimed.

I authorise the following person to collect cash benefits on my behalf *(where applicable)*.

Agents name

Agents signature

Members signature

Date

OFFICE USE ONLY

<i>Date Received</i>	<i>Date Paid</i>	<i>Assessed</i>	<i>Verified</i>	
Payee				Amount

Payment of benefit

♦ **If you have already paid for the service:**

Payment of your claim can be made directly to your Financial Institution account or by cheque.

♦ **If you have not paid for the service:**

Payment of your claim will be made by cheque payable to the provider.

Details of the payment will be made directly to the Membership mailing address.

Cash Claim Centres

- ♦ Cash Limit of \$300.00 per day per membership.
- ♦ In the event of system not being available, all claims to be processed via mail.

TO CLAIM BENEFITS you should always forward your completed claim form with **original** itemised accounts and receipts issued by the person rendering the service. All accounts and receipts received will be retained by Queensland Country Health Limited.

Time Limitation on Claims

Claims must be made within 2 years of the date of service or treatment.

Recovery of Benefits

Queensland Country Health has the right to recover benefits paid for services which the member is not entitled to claim for, as per our fund rules. These costs can be recovered from contributions paid in advance.

** Before committing to, or commencing any treatment Queensland Country Health recommends that Members contact the fund to discuss benefit entitlements and limits.*

Compensation

If a Member has an accident or is injured (eg in a motor vehicle accident, or as a result of their employment) they may be ineligible for any benefits from Queensland Country Health (QCHL) for any treatment relating to that accident or injury. If a Member has received or might have a right to receive compensation or damages from a third party, those costs are not payable by QCHL whether the Member pursues the claim or not. If such costs are initially paid by QCHL they must be paid back.

Waiting Period for Benefits

“**Waiting period**” is a period of time, from the commencement / re-commencement of cover that is required to be served before benefit entitlements commence.

Immediate benefits are available in the event of an accident, excluding sports injuries and school accident benefits.

Twelve month waiting periods apply for the following: Pre-existing Ailments, Australian Hearing Services, hearing aids, obstetric services, childbirth education and midwifery services, health evaluations, elective surgery, artificial aids and mechanical appliances, periodontic services, endodontic services, oral surgery services, orthodontic services, crowns and bridges, cosmetic surgery (benefits are only considered for cosmetic surgery if the procedure attracts a Medicare item number and a Medicare claim is successful).

Two month waiting periods apply for most other items or services. To ensure waiting periods for individual items have been served please contact Queensland Country Health prior to commencement of treatment.

Babies born under a parents single membership are not covered. Single parents wishing to upgrade to family membership to cover the baby need to be aware that newborns must serve all relevant waiting periods. Please contact the fund if you require any further information.

Contact Address:

PO Box 42, Aitkenvale, Qld 4814
Phone: (07) 4750 3200 Facsimile: (07) 4725 7377
Free Call: 1800 813 415

Registered Office:

85 Patrick Street, Aitkenvale, Qld 4814